



MILITARY OR OVERSEAS APPLICATION FOR ABSENTEE BY MAIL BALLOT

(FOR MILITARY AND OVERSEAS CITIZENS ONLY)



INSTRUCTIONS: TO SUBMIT A PAPER APPLICATION COMPLETE SECTIONS 1, 2, AND 3 AND PRINT. (VOTERS WITH A VALID LA DRIVER'S LICENSE OR ID MAY SUBMIT A REQUEST ELECTRONICALLY BY LOGGING IN TO THE LOUISIANA VOTER PORTAL AT <https://voterportal.sos.la.gov/>)

SECTION 1: VOTER INFORMATION AND ELECTION DATES (PLEASE PRINT OR TYPE)

Name: _____ Date of Birth: _____ Mother's Maiden Name: _____

LA Registration Address: _____ Parish: _____
(number/street/city/state/zip code) (do not use a P.O. box #)

Day Phone #: _____ *SSN/Last 4: _____ *LA DL/ID: _____ Ward/Precinct, if known: _____

*OPTIONAL information to be used for official use only.

SECTION 2: REQUEST REASON AND BALLOT DELIVERY INFORMATION (PLEASE PRINT OR TYPE)

Military and Overseas Citizens are entitled to vote absentee in all elections for at least one (1) year from the date of this application, including one (1) federal general election cycle.

CHECK ONLY ONE (1) OF THE FOLLOWING REASONS FOR WHICH YOU ARE ELIGIBLE TO VOTE BY MAIL:

- MILITARY** – I am a member of the United States Service** or a spouse or dependent.
- OVERSEAS CITIZEN** – I am a citizen of the United States residing outside the U.S. who was domiciled in Louisiana immediately prior to my departure; I am at least 18 years old; I am not disenfranchised; and I do not maintain a domicile, nor am I registered to vote or voting in any other state.

** United States Service means a member of the armed forces while in active service, a member of the merchant marine of the United States, a civil service employee of the United States, in any category, while serving outside the territorial limits of the several states of the United States and the District of Columbia, or a member of a religious group or welfare agency assisting members of the armed forces who is officially attached to and serving with the armed forces. La. R.S. 18:1302.

CHECK AN OPTION TO RECEIVE YOUR BALLOT:

By electronic delivery, my email address is _____

By mail, my mailing address*** is _____

By fax, my fax number is _____

***If this address is within the parish or an adjacent parish, the ballot can only be sent to the address at which you are registered to vote, your mailing address on file with the registrar of voters, or an address where you regularly receive mail.

SECTION 3: CERTIFICATION AND SIGNATURE(S)

I CERTIFY that the statements made herein by me are true and correct and I may be subject to a fine of not more than \$2,000 or imprisonment for not more than 2 years, or both, for knowingly making false statements.

(signature/mark)

(date)

If your signature is a mark, two witnesses to your mark are required to sign:

(witness #1 signature)

(witness #2 signature)

MAIL, FAX, OR HAND DELIVER THIS FORM TO your parish registrar of voters where you are registered. A faxed application cannot be sent from a candidate's fax machine, and must show or contain the fax number from where the application was sent. No person, except the immediate family of any voter, shall send by hand delivery more than one voter's application to vote by mail to the registrar of voters. **If hand delivered, please complete the following:**

Submitted by: _____ Relationship to Applicant: _____

Visit our website at www.GeauxVote.com for deadlines and contact information or call toll free 1.800.883.2805.

FOR OFFICIAL USE ONLY:

Reg. # _____ W/P Party Date Rec'd. _____